

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

	`	CITY OR TOWN	ROCKPORT
APPLICATION FOR RENEWAL:	Seasonal LICENSED FOR 20		SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: BRACKETT'S O	CEANVIEW RESTAU	RANT INC.	
DOING BUSINESS A BRACKETT'S	OCEANVIEW RESTAU	TRANT	
ADDRESS 25 MAIN STREET			
CITY/TOWN: ROCKPORT	STATE: MA	ZIP CODE:	01966
MANAGER: BRACKETT JR., TYCHARLES H.	YPE OF LICENSE: Resta	urant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS I	S REQUIRED. PLEASE PRINT CLEA	RLY.	
DESCRIPTION OF LICENSED PREM	IISES:		
2 CONNECTED MULTI-LEVEL BLDGS. AREA; BASEMNT. LEVEL; 1 SIDE ENTR OTHER IS BRICK. ENTIRE PROPERTY I	RY/EXIT AND 2 REAR EN	TRY/EXITS; ONE	BLDG. WOOD,
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	of the same type for the sa	ame premises now	licensed;
2. the licensee has complied wi	th all laws of the Commo	nwealth relating to	taxes; and
3. the premises are now open for	or business (If not explain	n below)	
SIGNED BY Individual, Partne	er or Authorized Corpora	ute Officer	
D.A.TEL			
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER:
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
DATE: TELEPHO We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	re in possession (1) the onspector and the head of	(Note: NOT Indicertificate require	ed by Chapter 304 of the ment for the above
We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of	re in possession (1) the onspector and the head of	(Note: <u>NOT</u> Indicertificate require of the fire department of the f	ed by Chapter 304 of the ment for the above
We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010. Please Check Below: APPROVED:	re in possession (1) the onspector and the head of	(Note: <u>NOT</u> Indicertificate require of the fire department of the f	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	re in possession (1) the onspector and the head of	(Note: NOT Indicertificate require of the fire department on the required by Cartes LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010. Please Check Below: APPROVED:	re in possession (1) the onspector and the head of	(Note: NOT Indicertificate require of the fire department on the required by Cartes LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	re in possession (1) the onspector and the head of	(Note: NOT Indicertificate require of the fire department on the required by Cartes LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	103600004		CITY OR TOWN	ROCKPORT	ı
APPLICATION FOR RENEWAL:		Seasonal LICENSED FOR 20		SED FOR 201	5
		CLASS		Y	EAR
LICENSEE NAME:	68 BEARSKIN NEC	CK, LLC			
DOING BUSINESS A	MY PLACE BY T	HE SEA			
ADDRESS 68 BEARS	SKIN NECK				
CITY/TOWN: ROCI	KPORT	STATE: MA	ZIP CODE:	01966	
MANAGER: STAV BARB	ROPOULOS, TYPI ARA	E OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	OUR EMAIL ADDRESS IS RE ICENSED PREMISI		CLEARLY.		
2. the licensee		all laws of the Con	e same premises now nmonwealth relating to plain below)		
SIGNED BY	Individual, Partner of	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		IDENTIFICATIC	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the he	ad of the fire departr	nent for the a	bove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHOI	RITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600007		CITY OR TOWN	ROCKPORT
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: ELLEN'S COFF	EE SHOP, INC		
DOING BUSINESS A ELLEN'S HAR	RBORSIDE		
ADDRESS 1 T WHARF			
CITY/TOWN: ROCKPORT	STATE: MA	ZIP CODE:	01966
MANAGER: BALZARINI, LISA T J.	YPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT CI	EARLY.	
DESCRIPTION OF LICENSED PREM	MISES:		
the renewed license will be the licensee has complied w the premises are now open f	ith all laws of the Comr	nonwealth relating to	
SIGNED BY Individual, Parti	ner or Authorized Corpo	orate Officer	
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	l of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(п шѕарргочей ехрійш)			
DATE:			

 $APPLICATION FOR RENEWAL\ MUST\ BE\ FILED\ BY\ LICENSEES\ DURING\ THE\ MONTH\ OF\ MARCH\ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 103600008		CITY OR TOWN	ROCKPORT	
APPLICATION FO	R RENEWAL:	Seasonal	LICENS	SED FOR 2015	
		CLASS		YEAR	
LICENSEE NAME:	Karin J. Porter				
DOING BUSINESS	S A Fish Shack Resta	nurant			
ADDRESS 21 Dock	Square				
CITY/TOWN: RO	CKPORT	STATE: MA	ZIP CODE:	01966	
MANAGER: Port	er, Karin J. TY	PE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:	:				
	YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION OF	LICENSED PREMI	SES:			
Full service waterfront					
	swear under penaltie				
		f the same type for the	-		
	•	h all laws of the Comm	_	taxes; and	
3. the prem	ises are now open for	r business (If not expla	in below)		
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:	
			(Note: NOT Individual Social Security N		
Acts of 2004, signe	ed by the building in	spector and the head	of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: (If disapproved expl					
(ii disappioved expi	aiii <i>)</i>				
DATE:					

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600015		CITY OR TOWN	ROCKPORT
APPLICATION FOR RENEWAL:	Seasonal	Seasonal LICENSED FOR 201	
	CLASS		YEAR
LICENSEE NAME: BLUE LOBS DOING BUSINESS A	TER GRILLE, LLC		
ADDRESS 15 DOCK SQUARE			
CITY/TOWN: ROCKPORT	STATE: MA	ZIP CODE:	01966
MANAGER: MCCARTHY, MAURA E.	TYPE OF LICENSE: Rest	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	RESS IS REQUIRED. PLEASE PRINT CLI	EARLY.	
DESCRIPTION OF LICENSED PR FIRST FLOOR OF THREE STORY W RESTAURANT. MAIN ACCESS ABU FLOOR.	OOD STRUCTURE. THE FIR		
2. the licensee has complied 3. the premises are now open SIGNED BY	en for business (If not expla	in below)	o taxes; and
marviduai, P	artner or Authorized Corpor	rate Officer	
DATE: TELEF	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that w Acts of 2004, signed by the buildi named license and (2) the certific of 2010.	ng inspector and the head	of the fire departs	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			

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